

might arise were combated by extensive dry cupping, and the internal administration of small doses of morcury.

Diagnosis of pleuritic effusion. Cases now on record in which the sound side has been tapped instead of the diseased one, to the certain destruction of the patient, by the production of pneumothorax on the side opposite to the one containing the effusion. Such a mistake in the present day would be unpardonable, as effusion in any quantity ought to be readily recognized even by the inexperienced auscultator. When, however, the fluid exists in small quantity, it may be overlooked from the following causes:—the fluid as a matter of course gravitates to the most depending portion of the chest, and therefore on the left side, may be obscured by resonance given out by a distended stomach, and on the right may be mistaken for the liver, if the dull sound on percussion alone be taken as a guide. The former difficulty may be cleared up by percussion lightly over the suspected effusion, by which means the resonance of the stomach will not be elicited. The mistake on the right side can only be rectified by the possession of an accurate knowledge of the exact height to which the liver rises.

Dr. Roe mentions, as a valuable diagnostic sign in addition to dullness on percussion, a marked degree of fullness, or even protrusion, of the infra-clavicular space in the affected side. He does not consider bulging of the intercostal spaces so conclusive and invariable a sign of copious effusion as has been generally imagined, especially in serous effusion, although it is more constant when the contents of the chest are purulent, and is therefore more indicative of the quality than the quantity of fluid. The absence of the vibratory thrill, and the posture assumed by the patient, are both estimated by the author at their proper value.

The author, in concluding his valuable paper, inserts a table of twenty-four cases which occurred immediately under his own inspection, and which certainly place the operation in a very favourable light. Of those eighteen recovered and six died; but this, as observed by the author, was a greater mortality than can be fairly laid to the charge of the operation, as one was from phthisis, another from pneumothorax, and a third from consecutive hydrothorax, in which of course the operation could only be regarded as palliative. Upon these considerations the author believes himself justified in stating "that the operation is not mere dangerous than any other which is performed upon the human body, and that the evil consequences supposed to attend it are imaginary rather than real, inasmuch as it was not only not fatal in one out of twenty-four cases, but did not produce even temporary inconvenience in any."

[A case is related by Dr. Thompson in the same volume, in which the operation of paracentesis was performed four times, and eventually with perfect success. The patient was a boy six years of age. Dr. Thompson advises the valvular opening and the partial removal of the contents, especially when the discharge is purulent. He justly condemns the practice of leaving in the canula, which, as in a case related by Dr. Streul, (*Med. Quart. Review*), is capable of converting a serous into a purulent effusion.]—Ranking's *Abstract*, vol. i. from *Medico-Chirurg. Transactions*, vol. xxvii.

SURGICAL PATHOLOGY AND THERAPEUTICS AND OPERATIVE SURGERY.

46. *Fungus of the Testicle.*—In our last No., p. 202, we noticed a new treatment of fungus of the testicle described by Mr. Syme. Several objections to it, and among others, the probability that the surface of the fungus would not unite with the superinduced integuments, were shewn to be groundless by the result of Mr. Syme's cases; but the weightiest one, the doubt whether the gland would return to a healthy condition, and regain its functions, still remained. This objection, and it is a very weighty one, can only be removed by the operation being performed on a patient who had been previously deprived of one testicle. Precisely such a case is related by Dr. JAMES DUNCAN in the *Northern Journal of Medicine*, (June, 1845,) and the result is satisfactory.

The subject of this case was a man, 28 years of age, admitted in the Royal

Infirmary, March 30th, with fungus of the left testicle. The protruded portion is about the size of a large walnut, and appears to include the greater part of, if not the entire, testis. It is softish in consistency, and otherwise presents all the characters so well described by Mr. Lawrence.

The disease commenced about four months ago. The testicle became painful and swollen. The swelling increased until it had attained the size of his fist. The scrotal integuments then became adherent, and in about two months gave way, discharging a small quantity of purulent matter. The fungoid protrusion for which he was admitted, then formed, and from that time the pain greatly diminished. Small superficial sloughs have occasionally been detached from the fungus.

The right testicle has been diseased at a former period, and no trace of it now remains. The patient has been in bad health for several years, and has been several times salivated for the treatment of syphilis.

An elliptical incision was made around the fungus, and extended upwards and downwards; the integuments were raised and brought over the growth and retained by several stitches. This was accomplished with great facility.

Some degree of inflammatory œdema followed the operation, but this quickly subsided, after puncturing the integuments with the lancet, and fomentations. On the third day the sutures were cut, and support given by means of several stripes of adhesive plaster. Partial union only, by the first intention, took place; but there was, notwithstanding, no disposition in the fungus again to protrude.

The patient left the house on the 10th of May, the wound having been for some time completely cicatrized.

This man assured Dr. Duncan that his sexual desires were unimpaired, and as strong as they had been two years previous to the existence of disease in either testicle; and Dr. D. is inclined to believe from a communication he has since had from the patient that these powers have been tested.

47. *Cure of Panaris by Mercurial Ointment.* By M. MARTIN.—A curious epidemic of whitlow affected many soldiers of a French infantry regiment while stationed in the Basque Provinces on the Spanish Frontier, in 1835. The whole number affected amounted to 101 in 16 months, and 10 cases are related as examples. The inhabitants of these regions are remarkably robust, possess great corporeal agility, breathe a pure air, and partake of abundant food, containing a too large proportion of spice. It results that they enjoy a great exemption from internal maladies, and when these do occur, they are soon cured. But, at the same time, they are very liable to peripheral affections, such as erysipelas, darts, phlegmons, furuncles, anthrax, hemorrhoids, &c. After the regiment had arrived in this locality, and the soldiers had enjoyed a mode of life so different to that they had led in barracks, their health became better than it had been for eight years before. But this improved regimen, although it seemed to secure them against severe ailments, and impart to them much additional bodily activity, as the warm weather approached rendered them liable to a great variety of cutaneous diseases, especially the inflammatory affection of the hands, termed panaris. The indulgence in spirituous liquors seemed to have had much to do with this; for the officers, who followed a temperate regimen, never were the subjects of the affection, and the soldiers, who did not indulge in excess, were also exempt, although exposed to the other causes, as immoderate use of spicess, too violent exercise, and high temperature. The Spanish Basques, exposed to the same hygienic influences, but of much more sober habits than the French Basques, suffered much less frequently. External irritation, such as friction, contusions, &c., did not seem to have more than its ordinary influence in inducing this affection.

The disease was a serious one, being a most intense local phlegmasia, with corresponding constitutional derangement and local consequences. Suppuration was the mildest termination; for, as the tendinous sheathes sometimes became implicated, caries of the phalanges and loss of a finger, were not an uncommon occurrence.

The treatment consisted in general and local bleeding, revulsives, narcotics, emollients, incisions, &c.; but, however carefully any of these means was employed, no arrest of the progress of the affection took place. The reporter having met in a journal with an account of the utility of the mercurial ointment in similar